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14 MAY 12 PM 1:52 SECRETARY OF STATE FALLARIASSEE, FLORID.

C. LEWIS

MAY 2 2 2014

EXAMMER

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: First-Class		stry, Inc.				
DOCUMENT NUM	BER: P130000138	46					
The enclosed Articles	of Amendment and fee are s	submitted for filing.					
Please return all corre	spondence concerning this m	atter to the following:					
	Nora Lopez		·				
	Name of Contact Person						
	First-Class Nursing Registry, Inc.						
	Firm/ Company						
	2240 Woolbright Road, Ste 324						
		Address					
	Boynton Beach,	FL 33426					
•		City/ State and Zip (Code				
fcnı	ursing@gmail.com	m					
		sed for future annual rep	ort notification)				
For further information	concerning this matter, please		900 5046				
'	60 A. A. D	at (561	880-5846				
Name o	f Contact Person	Area	Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida D	epartment of State:				
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)				
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ame Divi Clift 2661	et Address Industrial section sion of Corporations Industrial section sion Building Executive Center Circle Schassee, FL 32301				

APPROYEL AND FILED

Articles of Amendment Articles of Incorporation

14 MAY 12 PM 1:52

First-Class Nursing Registry, Inc.

SECRETARY OF STAVE TALLAHASSEE, FLORIDA

	ent Number of Corporation (if	known)		•
cursuant to the provisions of section 607 s Articles of Incorporation:	1.1006, Florida Statutes, this F	Clorida Profit Corporation ad	opts the following	amendment(s
. If amending name, enter the new n	ame of the corporation:			
N/A				mi
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpora	rated" or the ab	
. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>		N/A	<u>:</u>	
	•			
Enter new mailing address, if appli (Mailing address MAY BE A POST)		N/A		
				
If a monding the vegictored agent are	d/or registered office address	s in Florida enter the name	of the	
. II XIIICIIIIIV IIIC CEVISIPPPI AQPII AN		s in Figure Chief the name	<u>or the</u>	
If amending the registered agent an new registered agent and/or the new				
	N/A			
new registered agent and/or the nev		address)		
new registered agent and/or the nev	N/A (Florida street	address), Florida		
new registered agent and/or the nev	N/A	,	(Zip Code)	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	<u>John I</u>	<u>Doe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	sv	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р		Elias-Lopez, Jennifer C	10851 Bitternut Hickory Ln
Add				Boynton Beach, FL 33437
✓ Remove				
2) Change	<u>P</u>	_	Lopez, Nora	10851 Bitternut Hickory Ln
Add				Boynton Beach, FL 33437
Remove				
3) Change		_		
Add				
Remove				
4) Change	· .	<u></u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
f) Change		_		
Add		_		
Remove	•		•	

	(Be specific)
I/A	
<i>I</i> A	
	,
	•
•	
If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amen	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
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	adoption: 1 ebituary 13, 2014	17 HVA 15 BU 1: 25	_, if other than th
date this document was signed.	•	SECRETARY OF S AN	
Effective date if applicable: Fo	ebruary 15 <u>,</u> 2014	TALLAHASSEE FLORIDA	_
	(no more than 90 days a	fter amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were as by the shareholders was/were s	opted by the shareholders. The number ufficient for approval.	of votes cast for the amendment(s)	,
	proved by the shareholders through voti reach voting group entitled to vote sept		,
"The number of votes cas	for the amendment(s) was/were sufficient	ent for approval	
by			
•	(voting group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors without s	shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without share	holder action and shareholder	
Dated	8-14		
Signature		<u> </u>	-
selecte	irector, president or other officer — if dir d, by an incorporator — if in the hands of ted fiduciary by that fiduciary)		•
	Mora e	Lorez	
	(Typed or printed name	ne of person signing)	•
	PRESIDE	WT.	
	(Title of person	on signing)	